## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND						
1 Date of Request: \$\sigmu 5/05  2 Serial/Patent # \frac{10/523/07}{}						
3 Please refund the following fee(s):		4 PAP NUM	ER BER	5 DATE FILED	6 AMOUNT	
X	Filing				\$ 100.00	
	Amendment				\$	
	Extension of Time				\$	
	Notice of Appeal/Appeal				\$	
	Petition				\$	
	Issue				\$	
-	Cert of Correction/Terminal Disc.				\$	
	Maintenance				\$	
	Assignment		•		\$	
	Other				\$	
Done		7 TOTAL AMOUNT S 100.00				
		8 TO BE REFUNDED BY:				
10 REASON:			Treasury Check			
X	Overpayment	Credit Deposit A/C #:				
	Duplicate Payment		9 6	12 2	2 4 4 8	
	No Fee Due (Explanation):					
•						
11 REFUND REQUESTED BY:						
TYPED/PRINTED NAME: Darrell Cottman TITLE: Paralegal						
SIGNATURE: Lavrell (attrac PHONE: 703-305-9140 x203						
OFFICE: ************************************						
APPROVED: DATE:						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B